

**APPLICATION FOR MONTGOMERY COUNTY CHILD CARE SPACE**  
**DIRECTIONS**

Please bound (**no rubber bands, paper or binder clips**) and clearly label and sequence your responses and attachments according to the application outline attached. Each written application will be scored for ranking purposes using a point system with 100 points total as the maximum possible score. Please note the number of points possible indicated next to each part of the application.

**ALL PAGES OF YOUR PROPOSAL MUST BE NUMBERED\***

*\*Page numbers are given as a guide for supporting an organized application. If your description or write up is longer and goes over the suggested page number, clearly number the pages accordingly. Example 6, 6a, 6b, etc.*

**PART A: QUALIFICATIONS OF APPLICANT (0 points)**

1. Give the legal name of the applicant(s), individual(s) or organization, mailing address, phone number, fax number, email address, and contact person. Include a statement of the applicant's experience in child care or a related field, and the with entity's status the State Department of Assessments and Taxation. Page 1
2. List all other programs currently operated by the applicant, including the name of the program(s), address(es), hours of operation, ages and number of children served, name of site director(s), web address and, if applicable, the name(s) and phone number(s) and email addresses of the building manager(s). Page 2
3. Attach three current letters of professional reference. If possible, include at least one from a parent-client. Page 3,4,5

**PART B: SCOPE (30 points)**

1. Describe the philosophy and objectives of the proposed program and how this program will reflect the needs of the community to be served. Page 6
2. Ages and Number of Children: Explain in detail the proposed numbers and ages of the children to be served in the facility and how groups of children will be configured in the space available. Page 7
3. Operation of the Program: State the days, months and hours of operation including half-days, holidays, summer and inclement weather policy including emergency closures. Page 7
4. Special Populations: Describe specifically how the program will: Page 8
  - a) Accommodate children who need part-time or occasional care;
  - b) Recruit and accommodate children whose parents receive subsidies from the County (DHHS) and the State.

- c) Serve and accommodate children and families with special needs.
- d) Accommodate children and their families who have 'limited English proficiency'
- 5. Describe any linkages, outreach, services, scholarships or special program features which will have positive impact on children, families and communities in which this facility is located. Page 9
- 6. Provide a proposed time line for start-up so that the program can be operational by Spring/Summer Fall 2015, if applicable. If current tenant, discuss timeline for vacating if not re-awarded space, to include plan for continued care through the termination of license. Page 10

**PART C: BUDGET (15 points)**

Please submit:

- 1. A proposed fee schedule, including breakdown for full-day, half-day, drop-in-care and summers by week and day. List late fees, registration fees, and all other fees and discounts, including a statement related to any available scholarships. Page 11
- 2. A **start-up budget** which reflects appropriately furnishing and equipping the center for the number and ages of children to be served, if applicable, **and** a proposed **operating budget** for one year. Attachment A

**PART D: PERSONNEL (15 points)**

- 1. Describe by numbers, category and staff/child ratio personnel proposed for this site. Include a description of the site Director responsibilities. Page 12
- 2. Provide specific information about staff salary ranges and benefits, by position. Page 13
- 3. Describe a plan for staff orientation and on-going Professional Development for staff. Page 14
- 4. Include written personnel and grievance policies. Attachment B

**PART E: PARENT INVOLVEMENT (10 points)**

Describe and/or attach samples which indicate the types and levels of parent involvement, including:

- 1. Sample flyer and/or advertisement of the program offered or to be offered. Attachment C
- 2. Statement as to how program will conduct active outreach to the community and what criteria will be used for registration and admission. Page 15

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| 3. Plan for parent access to facility, plan for parent communication and a statement of philosophy of the role of parents. | Page 16      |
| 4. Sample parent input/evaluation form and schedule for use.   | Attachment D |
| 5. Sample parent center/contract.  | Attachment E |
| 6. Written parent policies/handbook.   | Attachment F |

PART F: PROGRAM PLAN (20 points)

Provide program information, including:

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| 1. A schedule of daily activities for each age group served.   | Page 17 & 18 |
| 2. Description of food service to be offered: (snack menus, breakfast or lunch plan, etc.). Describe how will food allergies be addressed and/or accommodated.   | Page 19      |
| 3. Any special program features curriculum design or innovation that will be included in the program. Discuss how and which MSDE recommend early childhood curriculum would be utilized in the program.        | Page 20      |
| 4. A statement of program discipline policy and plan for how it is communicated to parents and staff.  | Page 21      |
| 5. Plans for field trips and exploration of the community, including method of transportation and fees. Describe what alternative arrangements are made for children who cannot participate on the field trip. | Page 22      |

PART G: ACCREDITATION (10 points)

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| 1. Describe experience with a state or nationally recognized accreditation process.              | Page 23 |
| 2. Provide accreditation history of current programs, if applicable.                             | Page 23 |
| 3. Provide detailed timeline to implement a state or nationally recognized accreditation system. | Page 24 |

PART H: OTHER (REQUIRED, NOT SCORED)

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| 1. Attach a copy of applicant's non-profit, tax-exempt status, if applicable.<br>(This item is for information purposes only) | Attachment G |
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2. Insurance coverage: submit a statement about proposed insurance coverage for this program. (See attachment about requirements). Page 25
3. Statement of Financial Responsibility: complete the form included in the application packet indicating financial responsibility of individual or organization. Page 26 & 27
4. Certification: use form included in application packet. Page 28
5. Proprietary Information: use form included in application packet. Page 29

Information contained in this proposal and all copies submitted become the property of the Montgomery County, Maryland, and are subject to the Maryland Public Information Act. **Please indicate at time of submission if any portions of your application are proprietary or confidential, or otherwise subject to non-disclosure under the Maryland Public Information Act.**

ATTACHMENTS:

- Statement of Financial Responsibility
- Proprietary Information form
- County Insurance Requirements
- Certification

Statement of Financial Responsibility

1. Is the applicant a subsidiary of or affiliated with any other organizations(s), corporation(s), or any other firm(s)?

YES\_\_\_\_\_

NO\_\_\_\_\_

If yes, list each such organization, corporation or firm by name and address; specify the applicant's relationship, and identify the officers, directors or trustees common to the applicant:

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2. Describe the plan for financing the program, if funds for the leasing of the facility and operating the program will be obtained from sources other the applicant's funds.

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3. List sources and amount of cash available to meet equity requirements of the proposed venture:

- a. in banks (include names, addresses, telephone numbers and amounts)

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- b. by loans from affiliated or associated organization, corporation, or firms (include names, addresses, telephone numbers and amounts)

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4. List the names and addresses of all bank references

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5. Financial condition of applicant -- attach previous two years financial statements.

6. Bankruptcy:

Has the applicant or, if applicable, the parent corporation or any subsidiary or affiliated corporation of the applicant or said parent corporation, or other interested parties been adjudged bankrupt, either voluntarily or involuntarily, within the past ten years?

YES\_\_\_\_\_

NO\_\_\_\_\_

If yes, give date, place and under what name:

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7. Personal Interest: Does any member of the governing body of Montgomery County, Maryland, to which the accompanying application is being made, or any officer or employee of the aforesaid County who exercises any functions or responsibilities in connection with the carrying out of the project under which the program covered by the applicant's proposal is being made available, have any direct or indirect personal interest in the applicant?

YES\_\_\_\_\_

NO\_\_\_\_\_

8. If the applicant wishes, additional statements can be attached as evidence of the applicant's qualifications and/or financial responsibility.

### **NOTIFICATION OF PROPRIETARY INFORMATION**

Please use this form to identify proprietary and **financial information** included in your application for child care space at the \_\_\_\_\_ Child Care Facility which is not Public Information.

Name of Applicant \_\_\_\_\_

\_\_\_\_\_

Indicate specific pages or attachments which are proprietary financial information:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

Please return this form with your application.

## **INSURANCE REQUIREMENTS**

Prior to the signing of the lease agreement, the tenant must obtain, at their own cost and expense, and keep in force and effect until the termination of the lease agreement, the following insurance, with the insurance company/companies licensed and qualified to do business in the State of Maryland, evidenced by the certificate of insurance.

### **Workmen's Compensation**

Statue limits and the following limits:

Bodily injury by accident, \$100,000 each accident  
Bodily injury by disaster, \$500,000 policy limits  
Bodily injury by disaster, \$100,000 each employee

### **Commercial General Liability**

Minimum \$1,000,000 limit combined single limit for bodily injury and property damage per occurrence, including the following coverages; contractual liability, premise and operations and independent contractors.

### **Automobile Liability**

Bodily injury -- \$500,000 each person, \$1,000,000 each occurrence.  
Property damage -- \$300,000 each occurrence.  
Policy must cover owned automobiles, hired automobiles and non-owned automobiles.

### **Additional Insured**

Montgomery County Government must be named as an additional insured on all liability policies.

### **Policy Cancellation**

Sixty days written notice of cancellation or material change in any of the policies is required. The tenant must notify the Department of Facilities and Services of any cancellation of material changes.

### **Certificate Holder**

Montgomery County Government  
Division of Risk Management  
101 Monroe Street, 15<sup>th</sup> Floor  
Rockville, Maryland 20850



## **CERTIFICATION**

I (We) \_\_\_\_\_  
Certify that this applicant's Statement of Qualifications and Financial Responsibility and the attached information of the applicant's qualification and financial responsibility are true and correct.

I (We) also agree to comply with conditions stated in Montgomery County Real Estate License for child care space and that the scope of services as submitted in this completed application will be adhered to.

\_\_\_\_\_  
Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State and Zip

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date